CSE Harmful Elements Analysis Tool

The CSE Harmful Elements Analysis Tool[1] was created to help parents, school administrators, educators, and other concerned citizens assess, evaluate, and expose harmful elements within comprehensive sexuality education (CSE)[2] curricula and materials. For more information, visit www.stopcse.org.

Analysis of

Stepping Stones – A Training Manual for Sexual and Reproductive Health Communication and Relationship Skills (South Africa)

Based on 15 Harmful Elements Commonly Included in CSE Materials

CSE HARMFUL ELEMENTS SCORE = 13 OUT OF 15

Stepping Stones **contains 13 out of 15** of the harmful elements typically found in CSE curricula or materials. The presence of **even one of these elements indicates that the analyzed materials are inappropriate for children**. Having several of these elements should disqualify such materials for use with children.

Program Description: Stepping Stones is a workshop series designed as a tool to help promote sexual health, improve psychological well-being and prevent HIV. "Stepping Stones provides knowledge and enables participants to explore and question their attitudes, but the focus of the programme is not on these but on skills building. The skills built during Stepping Stones are: critical reflection, communication, relationship, negotiation and condom use skills." (p. 6)

Target Age Group: "The manual may be used with any group of people, of any age and both genders so long as they are prepared to meet together for the workshops and share aspects of their lives." (p. 1)

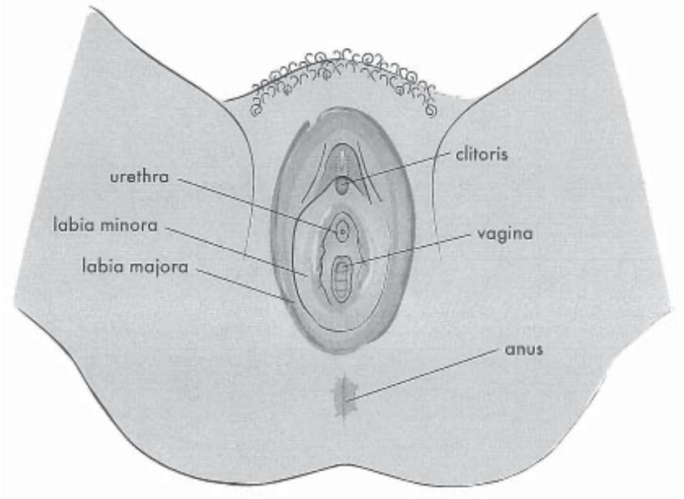
International Connections: Medical Research Council in the rural Eastern Cape, ACTIONAID, Charity Projects, Oxfam, Redd Barna (Norway), Swiss Development Cooperation, UNDP (Regional Bureau for Africa), WHO (Global Programme on AIDS); The South African adaptation process was supported by: World AIDS Foundation, Department for International Development (DFID), National Institute of Mental Health

For the complete text of *Stepping Stones: A Training Manual for Sexual and Reproductive Health Communication and Relationship Skills* see: https://drive.google.com/file/d/11PZ3CLhuuBCQbS0qrU20DxBDJ4ni0odD/view?usp=drive_link

HARMFUL CSE ELEMENTS	EXCERPTED QUOTES FROM CSE MATERIAL
1. SEXUALIZES CHILDREN *Normalizes child sex or desensitizes children to sexual things. May give examples of children having sex or imply*	"Communication about sex is often difficult. **If we learn to talk about sex among our peers, it's easier to do so with our partners** or when advising others in our families. Stepping Stones also provides skills for helping us express what we want to say, even on difficult subjects, in a way that is assertive and should be effective but not threatening to another person." (p. 6)

[1] The CSE Harmful Elements Analysis Tool was created by Family Watch International. Family Watch is not responsible for the way in which the tool is used by individuals who do independent analyses of CSE materials. Visit www.stopcse.org for a blank template or to see analyses of various CSE materials.

[2] CSE programs are often labeled as comprehensive sex education, sexual education, sexuality education, anti-bullying programs, sexual and reproductive health education, Welcoming Schools programs, and even family life, life skills or abstinence plus education programs, etc. Regardless of the label, if program materials contain one or more of the 15 harmful elements identified in this analysis tools, such materials should be categorized as CSE and should be removed from use in schools.

many of their peers are sexually active. May glamorize sex, use graphic materials, teach explicit sexual vocabulary, or encourage discussion of sexual experiences, attractions, fantasies or desires.	"Ask each group to draw an outline of a body on the flip chart of someone like them. The easiest way to do this is for a group member to lie down and for someone to draw around their body… Ask groups to start with the outline of their own sex and to **identify body parts they particularly like**, then those which they dislike or which make them feel embarrassed or uncomfortable and to say why. Finally, ask them **which body parts they find pleasurable**." (p. 29) "Ask participants to divide into groups of three or four. Give each group at least ten small pieces of paper and some pens. Explain that you would like them to **write anything that comes to your mind when you say 'sex'**. They can use as many papers as they would like. Explain they can be good or bad, funny or happy or sad. Give each small group up to ten minutes, or until they run out of ideas, to write on all the papers they would like. Whilst the groups are doing this write the following on paper and include them: **abortion**, **sex work, homosexuality**, violence against women, **oral sex, anal sex**." (p. 37) External genitalia of a woman  Women's reproductive organs (p. 41)
2. TEACHES CHILDREN TO CONSENT TO SEX *May teach children how to negotiate sexual encounters or how to ask for or get "consent" from other children to engage in sexual acts with them.* *Note: "Consent" is often taught under the banner of sexual abuse prevention. While this may be appropriate for adults, children of minor age should*	"Start by explaining that it is often **difficult for us to say clearly what we want sexually**." (p. 89) "Participants may find this very difficult to begin with. There may be a lot of giggles and women saying they can't do it. You need to give them a lot of praise and encouragement. In your area the problem may not be so much for a woman to say 'no' fiercely, but that **she may actually want to say 'yes' at times.** If so, how can she react so that she feels in control of the situation? **Could she say 'yes, with a condom!**' safely?" (p. 90)

never be encouraged to "consent" to sex.	
3. PROMOTES ANAL AND ORAL SEX *Normalizes these high-risk sexual behaviors and may omit vital medical facts, such as the extremely high STI infection rates (i.e., HIV and HPV) and the oral and anal cancer rates of these high-risk sex acts.*	"Explain that you would like them to write anything that comes to your mind when you say 'sex'… Whilst the groups are doing this write the following on paper and include them: abortion, sex work, homosexuality, violence against women, **oral sex, anal sex**." (p. 37) "Transmission risks: Vaginal sex without a condom, **Oral Sex, Anal sex**" (p. 60) "Each time you have sex, you must use a new, unused condom on the penis **before it enters the vagina or anus**." (p. 63)
4. PROMOTES HOMOSEXUAL/ BISEXUAL BEHAVIOR *Normalizes or promotes acceptance or exploration of diverse sexual orientations, sometimes in violation of state education laws. May omit vital health information and/or may provide medically inaccurate information about homosexuality or homosexual sex.*	**"**Depending on your setting it may be useful to invite guest speakers in to **talk about issues such as** having HIV, **being gay or lesbian**, having an abortion, or being a sex worker." (p. 14)
5. PROMOTES SEXUAL PLEASURE *Teaches children they are entitled to or have a "right" to sexual pleasure or encourages children to seek out sexual pleasure. Fails to present data on the multiple negative potential outcomes for sexually active children.*	"Which body parts do the other sex have which they do not? Which are 'private'? Which make you feel embarrassed? When and why? **Which body parts do the other sex find pleasurable**?" (p. 30) "**The list of pleasurable body parts** that the facilitator should ensure are discussed should include: ears, neck, lips, the end of the penis (glans), breasts, thighs and clitoris. Many participants will be unfamiliar with the **clitoris** and the facilitator may need to explain about this carefully and **suggest that participants go home and find it**." (p. 30) "Sexual health is **sex that is pleasurable** and free from infection, unwanted pregnancy and abuse." (p. 37) "You may need to add here an explanation about **the importance of foreplay** in enabling a woman to feel properly aroused. You will have discussed the **role of the clitoris in sexual arousal and sexual satisfaction** during Session C. Remind participants of this." (p. 62)
6. PROMOTES SOLO AND/OR MUTUAL MASTURBATION	"Very Low or No Risk [for HIV transmission]: Sex with a condom; **Masturbation alone**; **Masturbation by a partner**" (p 60)

While masturbation can be part of normal child development, encourages masturbation at young ages, which may make children more vulnerable to pornography use, sexual addictions or sexual exploitation. May instruct children on how to masturbate. May also encourage children to engage in mutual masturbation.	
7. PROMOTES CONDOM USE IN INAPPROPRIATE WAYS *May inappropriately eroticize condom use (e.g., emphasizing sexual pleasure or "fun" with condoms) or use sexually explicit methods (i.e., penis and vagina models, seductive role plays, etc.) to promote condom use to children. May provide medically inaccurate information on condom effectiveness and omit or deemphasize failure rates. May imply that condoms will provide complete protection against pregnancy or STIs.*	"Other programmes often emphasise building knowledge and changing attitudes, in the belief that if these change, behaviour change will follow. But behaviour change is often more complicated than this. We may have knowledge and a desire to do certain things, such as use condoms, that we cannot or do not implement this [sic] in practice. Sometimes the first change to occur is in practices, and then attitude change comes afterwards. For example **if we use a condom successfully we may become less hostile to condom use**." (p. 6) "**Male Condom** • Advantages: One size fits all. Distributed free from government clinics and are widely available. Good protection against STDs and HIV, (as well as pregnancy). Easy to carry and have available for unexpected encounters. • Disadvantages: Must be used every time a couple has sex. Must be put on an erect penis before vaginal penetration." (p. 46) "**Female condom** – This is a condom used by women in the vagina which, like the male condom, prevents pregnancy and provides protection against HIV and STDs. • Advantages: One size fits all. It is now being distributed free from clinics. Good protection against STDs and HIV, (as well as pregnancy). Easy to carry and have available for unexpected encounters. Inserted before sex starts. Can be used during menstruation. • Disadvantages: Must be used every time a couple has sex. They take a little getting used to. They must be safely disposed of in a rubbish bin afterwards." (p. 46) "There is only one way of getting STIs: that is **having sex without a condom** with someone who has a STI!" (p. 53) "The only way to be sure you do not catch STIs is to practice safer sex. To **use a condom when having sex**." (p. 53) ***Note:*** *Condoms are not 100% effective in protecting against STI transmission.* "Partners can **use a male or female condom** to protect against sexual

	transmission." (p. 56) "Explain that you are now going to **show one another how to use a male condom** and find out how much they know about condoms. Hand out a condom each and a **dildo or banana** and start the demonstration, asking the class the questions as you go and correcting any wrong or missing information." (p. 62) "**Why are condoms important**? A condom will stop a man's sperm or other fluids (semen) coming into contact with a woman's vaginal fluids. So she will not be able to get pregnant and, if either the man or the woman has a [sic] HIV, or another STI, it cannot be passed between them." (p. 62) "How can you tell if a condom packet looks and feels good or not? Condoms come in sealed wrappers and are lubricated so they should feel slippery from the outside of the packet. (**Help everyone to feel how the condom feels lubricated** inside the still-sealed wrapper.)" (p. 62) "How do you open the wrapper? Carefully, so that the condom does not tear. (**Encourage everyone to do this**.)" (p. 62) "What can damage condoms? Vaseline and other oil-based lubricants damage condoms. If you need lubrication, only use water-based ones, such as KY jelly, or glycerine or spermicides. **If a woman is properly aroused** and ready for sex before penetration, then **her vagina will be moist enough** and no extra lubrication will be needed." (p. 62) "How many times can you use a condom? Once only. Each time you have sex, **you must use a new, unused condom** on the penis before it enters the vagina or anus." (p. 63) "When do you put the condom on? Only **when the penis is erect**." (p. 63) "How do you put the condom on? Pinch the top, closed end of the condom first. This leaves a small empty space, to hold the semen. Then unroll the condom down the length of the penis all the way to the base. (**Demonstrate this with your condom. Encourage everyone else to have a go**.)" (p. 63) "What happens **if the condom tears during sex**? This is less likely to happen if the condom is good quality and if you have put it on properly. However, it does occasionally happen. The best thing to do is to **withdraw the penis immediately** and put on a new condom. If the woman is using no other means of contraception she is at risk of pregnancy so must take emergency contraception to prevent pregnancy. If one of the partners is known to have HIV and the other one not to, antiretroviral drugs can be taken for a month in the same way as a person does after rape to prevent infection. If the condom breaks and you do not know your HIV status or your partner's it is a good time to have an HIV test and then you may take antiretroviral drugs if one of you has HIV." (p. 63) "What do you do after ejaculation? After ejaculation, before the penis goes soft,

	hold on to the bottom of the condom **as you pull the penis out**, so that the condom does not slip off, then take off the condom carefully without spilling semen. (**Demonstrate this and encourage participants to copy you**.)" (p. 63) "What else can a condom protect against, as well as HIV? **Condoms protect against all kinds of STIs** and because these can cause infertility, condoms also protect against infertility." (p. 63) "Take out the two **female condoms and pass them round in the wrapper for everyone to feel**. Then open one of the packets and take out the condom. Pass it round and ask everyone to notice that there are two rings. Mention a woman has to **put the female condom in before sex** and because she may not yet be aroused it is good to use lubricant and either a water or oil based lubricant can be used. The explain that in order to insert it a woman has to squeeze the inner ring and push it as far as it will go into her vagina. The outer ring stays on her vulva outside the vagina. During sex it's important to make sure the outer ring is not pushed inside. If it is going inside or **there is a squeaky noise during sex**, it is a sign that more lubricant is needed. After sex the outer ring can be squeezed and the condom twisted a bit and then pulled out and the semen will remain inside and it can be discarded safely." (p. 64) "Open both condom packets and **pass them round and suggest everyone tries squeezing the inner ring** so they can imagine how it could be inserted. Mention that the Department of Health is committed to distribution [sic] female condoms through clinics and that it is important for women to ask for them in clinics if they are not available." (p. 64) "After the role plays have been performed, ask the group what the actors in the role play could do to make them safer or to avoid having sex. Ask them to think about what could be done at the time of sex – **such as how a condom could have been used** – as well as what could have been done earlier to avoid the sexual encounter occurring or occurring in the way it did." (p. 99)
8. PROMOTES PREMATURE SEXUAL AUTONOMY *Teaches children they can choose to have sex when they feel they are ready or when they find a trusted partner. Fails to provide data about the well-documented negative consequences of early sexual debut. Fails to encourage sexually active children to return to abstinence.*	"We are now going to move on to talk about our images of sex in our lives. **Most of us often find sex enjoyable, fun and rewarding,** and none of us would have been born if it wasn't for sex!" (p. 36) "Then **ask each peer group to present their joys and problems with sex**. Some participants may find this difficult, so try and find members of the peer group who are bolder for this presentation and emphasise that one of the aims of Stepping Stones are [sic] to help us communicate across age groups as well as with relationships." (p. 102)
9. FAILS TO ESTABLISH	"Ask one group to prepare a **role play that shows a happy sexual relationship**."

ABSTINENCE AS THE EXPECTED STANDARD *Fails to establish abstinence (or a return to abstinence) as the expected standard for all school age children. May mention abstinence only in passing.* *May teach children that all sexual activity—other than "unprotected" vaginal and oral sex—is acceptable, and even healthy. May present abstinence and "protected" sex as equally good options for children.*	(p. 35) "Ask the other groups to prepare a **role play that shows an unhappy sexual relationship**." (p. 35) "If the unhappy relationships did not show concurrent partners, ask **can three of you show us a role play where there is a secret other partner**?" (p. 35) "If you are doing this with people who are not yet sexually active, you could ask them instead to **write hopes and fears they have about sex**." (p. 38) "We only know whether we ourselves are infected with HIV if we have a test, and if it is negative we need to test often and **practice safe sex** to be sure we remain uninfected." (p. 55) "Men who have been circumcised are less likely to catch HIV than other men. That doesn't mean that they are completely protected from HIV and so they still need to test to see if they are HIV positive, and if they are as likely to infect their sexual partners as other men. If they are negative **they still need to use condoms** because circumcision only makes them less vulnerable, it doesn't provide complete protection and doesn't protect them from other STIs." (p. 56) "Now explain that we are going to role play responses to someone who **presents one of these reasons not to use a condom**. Ask for two volunteers, one to play a man and one a woman. Ask them to choose one of the reasons for non-condom use and explain it is the role of the other partner to counter that reason. When it has been done, ask participants if they thought it was done well. What else could have been said? Ask a volunteer to demonstrate." (p. 65) "Ask the whole group to **suggest different situations in which people like us, of the same age and gender, have sex**. For example, sex with our spouse, sex with a secret partner, sex for money etc. Then say that some of these situations are happy and safe for both people involved but that some are situations in which one of the partners is unhappy or the sex is risky in terms of HIV or violence." (p. 97)
10. PROMOTES TRANSGENDER IDEOLOGY *Promotes affirmation of and/or exploration of diverse gender identities. May teach children they can change their gender or identify as multiple genders, or may present other unscientific and medically inaccurate theories. Fails to teach that most gender-confused children*	**No evidence found.**

resolve their confusion by adulthood and that extreme gender confusion is a mental health disorder (gender dysphoria) that can be helped with mental health intervention.	
11. PROMOTES CONTRACEPTION/ABORTION TO CHILDREN *Presents abortion as a safe or positive option while omitting data on the many potential negative physical and mental health consequences. May teach children they have a right to abortion and refer them to abortion providers.* *May encourage the use of contraceptives, while failing to present failure rates or side effects.*	"Give each group a health problem e.g **you are a 19 year old who wants to have an abortion**. You want to seek some advice from someone, perhaps a relative or a neighbour or a health worker. Talk together about: Who you are going to tell? Why it is that you would tell that person and not someone else?" (p. 19) "We are going to start by **learning more about contraceptives and thinking about which contraceptives are the best for us**. We are going to do this by having a grand debate and competition between the contraceptives. Explain that you want to divide the group into six and give each small group a card about common contraceptive methods: **male condoms, female condoms, emergency contraception, the pill, injections, and dual protection** with condoms and the injection or pill. The group having dual protection should receive cards for the condom, pill and injection cards." (p. 44) "**Imagine the six contraceptives are in a taxi travelling a long way**. The first thing they will be asked to do is to introduce themselves to each other. Ask each contraceptive in turn to explain to everyone what they are, how they are used and how they work. After this you should explain that the taxi is having a break down and its [sic] going to be necessary to continue the trip in a car. But then they will only be able to carry three passengers. In order to decide who is going to get those three places in the car the contraceptives are **going to have to convince the driver that they are the best contraceptives**. In order to do this they are going to have to argue: • why they are good for preventing pregnancy • why they are good for preventing HIV • why they are easiest to use" (p. 44) "Explain that you want each contraceptive to convince the driver about why they are good (and better than the others) for preventing pregnancy. After each has made their statement everyone watching has one vote to give **the contraceptive they think did the best job**." (p. 44) "Now explain each will have a chance to **explain why they are best for preventing HIV**, and then there is another vote. Finally why each is the **easiest to use**. Then there is another vote. The three contraceptives with the highest votes get to stay in the car." (p. 44) "Now explain they can continue on their trip. But suddenly you hear the car is also breaking down and there is only a bicycle for one contraceptive to travel on. In order to decide which one it should be you want them to argue: • which is the **easiest to get access to** • which is the **easiest to solve problems** that arise if there is a mistake in

	how they are used • which is the **best all round for contraception and HIV prevention** Again, ask each contraptive [sic] in turn to argue for their place on the bicycle and have a vote after each round. The final vote will tell you who gets on the bicycle and you can give a chocolate bar or sweet to the winner. Ask the group did they **learn anything new about contraception** from this?" (p. 45) "**Contraceptive Injections** (Depo-Provera/Petogen or Nur-Isterate) – Two types of injection are currently available both of which contain a hormone (chemical) called progesterone. Depo Provera/Petogen is given every three months and Nur-Isterate, every two months. Injections work by slowly releasing the hormone, which prevents the woman's ovary from releasing an egg." (p. 45) "The **combined oral contraceptive pill** (common brands are Triphasal [sic] or Nordette) – The combined oral contraceptive pill is another hormone method but it uses two hormones instead of one, oestrogen and progesterone. One pill must be taken every day." (p. 46) "**Emergency contraception** is used by a women to prevent pregnancy after she has had unprotected sex. There are two types of emergency contraceptive pills. Both are available at clinics and can be used up to 5 days after unprotected sex. They work best the sooner they are taken. One method used progestogen only pills and these are taken as one dose. The other method involves giving two combined oral contraceptive pills and two must be taken initially, and then two more after 12 hours. Advantage: Can prevent pregnancy when another method has failed or unprotected intercourse has occurred." (p. 47) "The options are [after unplanned pregnancy]: • Continuing with the pregnancy and raising the child. • Continuing with the pregnancy and giving the child to someone else to bring up… • **Termination of pregnancy**. This is available from medical services according to the Choice of Termination of Pregnancy Act. *Important points to communicate in a discussion about abortion include*: **Any girl or woman can ask for an abortion** in the first three months (12 weeks) of pregnancy. During the first three months the **procedure is safe and quick** and a girl or woman can have one **without anyone telling her parents** or her husband/boyfriend if she doesn't want them to know. An abortion is free at government clinics and hospitals. If a woman thinks she is pregnant and she does not want to be it is important to confirm the pregnancy as soon as possible so she has plenty of time to decide what she wants to do. • Some women do not decide that they want an abortion until after the 12th week of their pregnancy. They can **still have an abortion legally** until they are 20 weeks. The procedure is more complicated and unpleasant for the woman during this period." (p. 49)
12. PROMOTES PEER-TO-PEER	"When you **work with peer groups** encourage them to think about whether they

SEX ED OR SEXUAL RIGHTS ADVOCACY *May train children to teach other children about sex or sexual pleasure, through peer-to-peer initiatives. May recruit children as spokespeople to advocate for highly controversial sexual rights (including a right to CSE itself) or to promote abortion.*	might **initiate or join community action on issues they feel strongly about**. Help them think what might be possible, for example organizing a march or event for the 16 days of activism to end violence against women, or for World AIDS Day." (p. 10)
13. UNDERMINES TRADITIONAL VALUES AND BELIEFS *May encourage children to question their parents' beliefs or their cultural or religious values regarding sex, sexual orientation or gender identity.*	**"**The whole programme aims to **enable individuals, their peers and their communities to change their behaviour**, individually and together, through the stepping stones the sessions provide." (p. 7) "Facilitator's note: **many issues raised here will conflict with your values**. It is important to remain non-judgmental through out [sic]." (p. 36) "This exercise acts as an introduction to discussions about several different factors which influence who people have sex with. The influences which people may mention include: **ideas and expectations in the community about sex**, ideals of how men and women of a particular age should behave and relate to each other, ideas that women should be sexually available to men." (p. 98)
14. UNDERMINES PARENTS OR PARENTAL RIGHTS *May instruct children they have rights to confidentiality and privacy from their parents. May teach children about accessing sexual commodities or services, including abortion, without parental consent. May instruct children not to tell their parents what they are being taught about sex in school.*	"Peer groups provide a **safer space** to express views and feelings that might be **really hard to talk about to people of other generations** or the opposite sex. It is also easier to build trust and confidentiality in a small group of this kind, once people have got used to working together." (p. 9) "To increase awareness of the **value of trust, confidentiality and being non-judgmental.** To think about how we can keep ourselves and others safe when we discuss personal things in the workshop and in our relationships" (p. 19) "Mention that **trust, confidentiality and being non-judgmental are crucial**." (p. 19)
15. REFERS CHILDREN TO HARMFUL RESOURCES *Refers children to harmful websites, materials or outside entities. May also specifically refer children to Planned Parenthood or their affiliates or*	**No evidence found.**

partners for their lucrative services or commodities (i.e., sexual counseling, condoms, contraceptives, gender hormones, STI testing and treatment, abortions, etc.) *Please Note: A conflict of interest exists whenever an entity that profits from sexualizing children is involved in creating or implementing sex education programs.* *(For more information on how Planned Parenthood sexualizes children for profit see www.WaronChildren.org and www.InvestigateIPPF.org)*	